MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH = 62-049551					
DEPA	R TMEN T		9 U 18	Registration District No	
ON THIS STUB	AME	MDFD		FILED IAN 1 6 963	
				1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before	
VS 300	<u> </u>	- [1	1	a. COUNTY a. STATE Mo. b. COUNTY St. Louis	
Rev. 4/59	AMENDED			b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits	
				TOWN St. Louis	
1 '			ŀ	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm	
				HOSPITAL OR INSTITUTION D.O.A. City Hospital Yes No 9549 Lydell	
24000-3	4 4			D.O.A. City Hospital 185 9549 Lydell 185 No 1	
3				3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF	
	1 1			LAWRENCE H. MATHEWS DEATH Dec. 29 1962	
4 6	1 []			5. SEX 6. COLOR OR RACE 7. Married 1 Never Married 1 8. DATE OF BIRTH 9. AGE (lest birthday) IF UNDER 1 YEAR IF UNDER 24 HR	
5 ,				Male White Widowed Divorced 11-10-1917 45 Months Days Hours Min.	
			1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY	
6	2	- -		dyring most of working (life, eyen if refired) COOK Blanke Baer Go. Cherry Valley, Mo. U.S.A.	
7	5			COOK Blanke Baer Go. Cherry Valley, Mo. U.S.A. 136. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE	
		ŀ			
8 .	1 1 1			Oscar L. Mathews Bessie Johnson Anna Mathews 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SECURITY MG. 17. INFORMANT Address	
	ଝା			(Yes no or unknown) lift was give war or dates of servic	
9	발	-	_	Yes World War 2 Anna Mathews 9549 Lydell INTERVAL BETWEEN	
10 1	¥		된	ONSET AND DEATH	
	9 0		₹K) (0 63 IMMEDIATE CAUSE (a) MUDCUMUM SUSTAINM / TRV!	
			DOCUME!	3 3	
1497 1	EAD E		ă	Conditions, if any, which gave rise to DUE TO (b) Which gave rise to	
1.	SIN I			above cause (a),	
'3	- 1	- -	∕∙₽	stating the under-lying cause last.) DUE TO (c)	
	5			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was	
911	n		(1 b	disease condition given in PART I (a) there a pregnancy in last 90 days.	
/	- AWENDWEN		Ψ	E erypheral artery feleron Yes No Unknown	
	<u> </u>			19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE Ab. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.)	
	로			YES NOVE	
Z	E	1		OC. TIME OF Hour Month, Day, Year INJURY a.m.	
¥ છે '	<			O MAJORI P.M.	
BLACK INK OR RITER RIBBON	1 1 1			20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK ☐ farm, factory, street, office bldg., etc.)	
	1 1			WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK	
A X H	READ	1	1	21. I attended the deceased from 12-22-58, to 1-16-61 and last saw her him alive on 1-16-61	
= 5	发			21. I affended the deceased from 12 Noon	
ш 🕺	SHOULD			Desiry occurred at	
USE	B		P	22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED	
USE BLACI OR TYPEWRITER	[동]		<u> </u>	Tugene Hedele MD 4971 Chippewa St 123762	
•	 		₹	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	
ļ	Ş		AFFIDA	Removal (Specify) Jan. 2, 1963 National Cemetery St. Louis Co. Mo.	
	ITEM I	- } .	₹	24 FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SUSNATURE	
			ሕ	Kriegshauser 4228 S. Kingshighway Blvd. DEC 31 1962	

TATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate, was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	g. Agen
Student	Signed Charm of Mercuall
Signature of Student Embalmer	
	Licensed Embalmer No. 3024
	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embaimed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.